

Retirement Estimate Request

Name (Last, First MI, Previous/Maiden)			Social Security Number	
Street Address		E-mail		Birthdate (MM/DD/CCYY) / /
City	State	Zip Code	Telephone Number(s) Home: () Work: () Cell: ()	
Employer				

Note: This is not an application for benefits or a *Beneficiary Designation*.

REQUESTING RETIREMENT ESTIMATE APPLICATION: fill in appropriate section(s)

☐ **RETIREMENT ESTIMATE:**

Estimates cannot be calculated without the information below. Estimates will only be provided 12 months in advance of your anticipated termination date.

Your Anticipated Termination Date (MM/DD/CCYY):* ____/____/____

* This does **not** commit you to retiring on that date, but we must have a date to use in the calculations.

This information is necessary to calculate your retirement estimates.

Calendar Year

(For use by all, **except** teachers, educational support staff and justices.)

Last year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____

This year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____

Fiscal Year

(For use by teachers, educational support staff and justices.)

7/1/____ - 6/30/____ \$ _____

7/1/____ - 6/30/____ \$ _____

Do you have active military service? ☐ No ☐ Yes Send a copy of your military discharge papers with this request (i.e., DD-214) if you have not previously done so.

NAMED SURVIVOR INFORMATION: (This information is needed to calculate joint and survivor estimates and is not a *Beneficiary Designation*.)

Name: _____ Birthdate: ____/____/____

Relationship to Participant: _____

(If not spouse, all joint and survivor options may not be available.)

REQUESTING OTHER INFORMATION check applicable box(es)

First Two Boxes For active employees only

☐ Cost of purchasing 6-month qualifying service (non-teachers only, if service began **before** Jan. 1, 1973)

☐ Cost of purchasing forfeited service (service forfeited if you previously closed your account by taking a separation benefit)

Approx. begin/end dates of service you forfeited: _____ Name(s) used: _____

Name of former employer(s): _____

☐ Other: _____

Date (MM/DD/CCYY) / /	Employee Signature
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Visit our Internet site at etf.wi.gov for information on retirement benefits calculator and video presentations.